

PATENT APPLICATION TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Transmitted herewith for filing is the patent application
under 37 CFR 1.53(b) of:

INVENTORS: DESMAZEAU ET AL

FOR: STREPTOGRAMIN DERIVATIVES;
PREPARATION METHOD AND COMPOSITIONS
CONTAINING SAME

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- ☒ If a CONTINUING Application, check appropriate box and supply the requisite information:
☒ Continuation ☐ Divisional ☐ Continuation-in-part
 of prior application no: PCT/FR99/00409, filed 24 February 1999.
 (The cross reference has been/will be inserted on page one of the specification).

- ☒ This application claims priority from French Patent Application No. FR98-02316
 dated 26 February 1998). (The cross reference has been/will be inserted on page one of the
 specification).

Enclosed are:

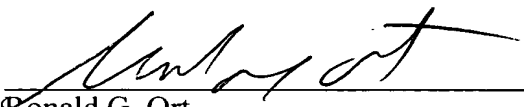
- ☒ Specification [Total Pages 285]
☐ Sheets/Pages of Drawing.
☐ Nucleotide and/or Amino Acid Sequence Submission:
☐ Computer Readable Copy ☐ Paper Copy ☐ Statement verifying identity of said copies.
☒ A Declaration ☒ Unexecuted
☐ Copy from a prior application (37 CFR 1.63(d))
☐ **Incorporation By Reference** (useable if filing a continuation/divisional and a copy of the declaration
 from the prior application is enclosed.)
 The entire disclosure of the prior application, from which a copy of the oath or declaration is
 supplied, is considered as being part of the disclosure of the accompanying application and is
 hereby incorporated by reference therein.
☒ Also enclosed:
 Postcard
 Print EFS
 Preliminary Amendment

- ☐ This application is filed by fewer than all the inventors named in the prior application.

☐ DELETE the following inventor(s) named in the prior nonprovisional application:

CLAIMS AS FILED					
(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE (\$690.00)	
TOTAL CLAIMS	17	0	x \$ 18.00	0.00	
INDEPENDENT CLAIMS	1	0	x \$ 78.00	0.00	
MULTI-DEPENDENT CLAIMS(S), Per Application (\$260.00)					
			TOTAL FILING FEE	\$690.00	

- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least one original independent claim has been retained for filing purposes).
- ☒ Please charge my Deposit Account No. **18-1982** in the amount of \$690.00.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 and 1.17 which may be required by this paper, or credit any overpayment to Account No. **18-1982**.
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Ronald G. Ort
Attorney/Agent for Applicant
Registration No. 26,969

Customer No.005487
Aventis Pharmaceuticals Inc.
Patent Department; Mail Stop: EMC-G1
Route #202-206 / P.O. Box 6800
Bridgewater, NJ 08807-0800
Telephone (908) 231-4656
Telefax (908) 231-2626

Docket No. ST98007 US

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